

ISSUES IN ADOLESCENT DEVELOPMENT

Wellness: An Alternative Paradigm for Violence Prevention

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The authors address adolescent violence by promoting holistic health before symptoms occur and by using strength-based interventions to combat problems that already exist. A wellness model is presented, as is a discussion of research on the components of the model that are related to violence and violence prevention with adolescents.

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Both the American Academy of Pediatrics (1995, 1996) and the American Medical Association (AMA; n.d.) have emphasized the extent to which children in U.S. society today are exposed to a wide milieu of violence. In fact, violence by and toward U.S. children continues to be a problem of epidemic proportions with no foreseeable end (Garbarino, 1999). The problem of school violence is a topic that has been embraced by the media and is the focus of political debate. According to the National School Safety Center ("Blackboards and Bullets," 1999), classroom violence has claimed the lives of 251 U.S. students since the 1992-1993 school year. Fear of school-related violence has kept 5% of high school students at home each month, and 10% of high school students reported having carried a weapon on school property during the 1992-1993 school year (Furlong & Morrison, 1994).

Violence toward young people continues to escalate. Between 1980 and 1994, murders of children ages 12-17 years increased 95%. This equates to a rate of seven child deaths per day (Rosenberg, 1999; Singh, Kochanek, & MacDorman, 1996; Winett, 1998). According to the U.S. Department of Justice's Bureau of Justice Statistics (1988), homicide is now the second leading cause of death for persons 15 to 24 years of age and the leading cause of death for African American and Hispanic youth in this age group. In addition, for every violent death, there are at least 100 nonfatal injuries caused by violence. Children in the United States

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are 15 times more likely than children in England to die from homicide (Wolfe, Wekerle, & Scott, 1997), most often as a result of firearm use. When suicide and accidental deaths are included, the number of gun-related fatalities in the United States rises to more than 40,000 per year (Barber et al., 1996).

In addition to the accessibility to firearms, children are exposed to violent acts through the media. The AMA (n.d.) estimated that the average child is exposed, through television, to 200,000 violent acts by the time he or she is 18 years old. Research has shown that children who are exposed to violence through television, music lyrics, and videos show increased aggressiveness and increased fear of becoming a victim, become desensitized to violence, and believe that violence is an acceptable way to solve problems. Children also begin to view the world as a "mean and scary" place (AMA, n.d.). The glorification of violence by the media both mirrors and shapes society. Furthermore, children's exposure to violence in the media is often supported by the actions of those in the child's immediate environment (American Psychological Association [APA], 1999), to such an extent that, unfortunately, the home remains the most dangerous place for a child.

The number of families in which abuse or neglect has been substantiated has increased steadily over the past 5 years. Seventy-two percent of the perpetrators of abuse or neglect in 1993 were the child's biological parents (Kids Count in Missouri, 1995). Because violence is a learned behavior, children who witness domestic violence in the home are more likely to use violence as an acceptable means for working out problems (APA, 1999; Foshee, Bauman, & Linder, 1999; Rosenberg, 1999).

Drug and alcohol abuse is also a major factor in the increase in adolescent violence. The adolescent who uses drugs and alcohol is more likely to be both a victim and a perpetrator of violence. Adolescent drug and alcohol abuse has been associated with the prevalence of adolescent assaults, homicide, suicide, rape, and other crimes (Furlong, Casas, Corral, Chung, & Bates, 1997). Also, drug and alcohol use by caregivers contributes to an unsafe environment for juveniles and is associated with other negative behaviors (Blumstein, 1995; Moses, 1999; Williams & Stiffman, 1998). Conversely, adolescents who do not use alcohol and who do not experience violence in their homes are less likely to be either victims or perpetrators.

Other studies of factors related to family structure and dynamics, home environment, and community characteristics have linked a variety of additional variables to violence. For example, children who reside in deteriorated neighborhoods, attend deteriorated schools, interact with negative peer groups and gangs, experience family instability, and witness violence in their lives have been shown to be at risk for engaging in violent behaviors (Garbarino, 1999; Moses, 1999; Williams & Stiffman, 1998).

It is clear that violence is a multifaceted and complex problem and that the symptoms and outcomes of violent behavior are difficult to treat. Recent attention has shifted from treatment to prevention (APA, 1999; Rosenberg, 1999), and numerous prevention programs have been developed (Boruch et al., 1991; Prothrow-Sith, 1991; Wolfe et al., 1997). Despite the proliferation of violence

prevention programs, violence continues to escalate, reflecting limited success in the prevention arena (Blumstein, 1995).

It is our belief that prevention is a worthy goal, one that is consistent with the developmental, wellness-oriented philosophy shared by professional counselors (Myers, 1992). We propose this philosophy as the basis of an effective approach that counselors can use to help prevent as well as treat the problem of violence. We begin by providing an overview of the major components of prevention programs, demonstrating both the multifaceted nature of existing programs and the lack of a comprehensive theoretical model on which program components can be built. We present a wellness philosophy and a model that is based in counseling theory and that incorporates the components of most prevention programs as well as a focus on holistic well-being. Suggestions are provided for using this model to develop wellness-oriented programs that help young persons achieve optimum functioning while also addressing the goal of violence prevention.

VIOLENCE PREVENTION PROGRAMS

The development of programs to prevent violence requires an understanding of the scope and meaning of violent behavior. Violence can be defined as "threatened or actual use of physical force against a person or a group that either results or is likely to result in injury or death" (Rosenberg, 1999). The types of violence that affect children and adolescents include, but are not limited to, interpersonal violence, rape, sexual assault, child abuse, suicide, gang violence, domestic violence, aggravated assault, gun violence, and neglect (Morrison, Furlong, & Morrison, 1994; Rosenberg, 1999; Winett, 1998).

Victims of violence experience not only physical harm, but emotional and spiritual injury as well (Frankl, 1963). Virtually every aspect of growth and functioning may be affected. Therefore, programs that purport to focus on the prevention of violence need to approach this phenomenon from a holistic perspective.

To date, numerous violence prevention programs have been developed and implemented. Programs that provide preventive interventions typically focus on one or more of three areas: the individual, the social environment, and the physical environment. However, in order to be effective, prevention programs must include interventions in all three of these domains (Rosenberg, 1999).

According to Prothrow-Sith (1991), the most promising programs have diverse activities, methods, and leadership structures. These programs provide a safe environment in which children can learn nonviolent ways of coping with the stresses and challenges that lead to violence. The focus is on changing individual behavior by teaching problem solving, assertiveness, conflict resolution, and other positive communication skills and by empowering youth to participate in leadership activities.

Other successful programs focus on the prevention of family violence, building on individual strengths to address individual needs. These programs use a holistic approach that is designed to connect families with support and

services to promote emotional health and also with the tangible resources they require to meet their basic physical needs. In addition, effective programs consider the developmental stage of the child, identify sociocultural risk factors, use theory-based interventions, and sustain their approach over time (APA, 1999).

Most violence prevention programs are multifaceted and incorporate multiple intervention strategies. According to Boruch et al. (1991, p. 248), the most common interventions used include the following:

- ♦ Educational interventions that are designed to change young people's knowledge, attitudes, and behavior patterns that can lead to violence
- ♦ Environmental technological interventions, such as the use of video surveillance and metal detectors in schools
- ♦ Recreational interventions that provide an outlet for social stressors
- ♦ Legal interventions, such as youth curfews and resource officers on school campuses, that are designed to provide police enforcement in situations in which violence is likely to occur

In addition to the types of interventions, programs can be categorized by the risk factors they address. Most prevention interventions focus on the individual's knowledge, attitudes, beliefs, and behaviors. These areas are ones in which counselors have expertise for facilitating positive change. Other interventions focus on the social environment by challenging group norms and pressures. Still others focus on risk factors that are found in the physical environment, such as the availability of drugs, alcohol, and guns. Each approach has resulted in some positive outcomes; however, the problem of violence continues to escalate (Rosenberg, 1999).

The Centers for Disease Control and Prevention recently evaluated 13 youth violence programs that were targeted at adolescents (Rosenberg, 1999). Their findings revealed that although theoretically sound strategies were used, some programs did not succeed. The less successful programs were ones that did not take a holistic approach. For example, programs implemented in schools where the administration did not actively support the projects did not succeed. Even though these programs addressed individual factors, they ignored larger contextual issues, such as the support of the school principal. As noted previously, effective programs must address all three areas that are essential ingredients for violence prevention, that is, the individual, the social environment, and the physical environment, and they must do so in a holistic and integrative manner. To achieve this goal, a comprehensive theoretical model is needed, one that incorporates these elements through proactive strategies for enhancing positive change.

A WELLNESS PARADIGM

One model that can be used to promote optimal health and functioning necessary for violence prevention is the Wheel of Wellness model that was

developed by Sweeney and Witmer (1991) and modified by Myers, Sweeney, and Witmer (2000). This model is grounded in Adlerian individual psychology and the counseling applications of Adler's theory (see Sweeney, 1998). In addition, the model was developed after Sweeney and Witmer conducted an extensive review of theory and research in multiple disciplines, including psychology, anthropology, sociology, religion, medicine, and education. That review resulted in the identification of 16 components of healthy functioning that are related to longevity, quality of life, and well-being (Myers et al., 2000).

In the Wheel of Wellness model, the characteristics of wellness are addressed through five life tasks: spirituality, self-direction, work/school, friendship, and love. The self-direction task includes 12 subcomponents: sense of worth; sense of control; realistic beliefs; emotional awareness and coping; intellectual stimulation, problem solving, and creativity; sense of humor; nutrition; exercise; self-care; stress management; gender identity; and cultural identity. These tasks interact dynamically with a variety of life forces, including family, community, religion, education, government, and the media. The life forces provide a context for individual functioning and development and are affected by global forces and events. What is most important is that the characteristics of wellness depicted in the Wheel model are not static, but represent dynamic aspects of functioning that change over the life span.

It has become clear that healthy functioning occurs on a developmental continuum and that both an individual's healthy and unhealthy behaviors at any one point in his or her life affect that individual's subsequent development and functioning (Myers et al., 2000; Santrock, 1997). Therefore, it is essential that wellness be addressed at a young age and viewed as both a preventive approach as well as an intervention that can enhance healthy functioning at any point in the life span. For example, data have shown that children who witness or are victims of violence are at increased risk for becoming perpetrators of violence later in their lives (APA, 1999; Rosenberg, 1999; Scholte, 1999). Alternatively, prevention of early violent behavior is an important means of promoting healthy behaviors in adults.

In the following section, each of the life tasks in the Wheel of Wellness is briefly defined and described. Relevant research relating each component to violence and violence prevention is reviewed, particularly as it applies to adolescent populations. Finally, the interactive nature of the life tasks is discussed and applied to understanding the nature of resilience to violence in young people.

Spirituality

Spirituality addresses a person's sense of awareness of a being or force that transcends the material aspects of life and gives a deep sense of wholeness or connectedness to the universe. A sense of hope about the future and an overall sense of optimism, as well as the essential aspects of meaning and purpose in life, are addressed when focusing on spirituality (Myers et al., 2000). Adolescents who have a strong feeling of connectedness to a power

outside of themselves are less prone to violence, either toward others or themselves (APA, 1999).

Spirituality in the form of nonpunitive religion has been linked with positive outcomes, such as reduced rates of suicide, depression, substance abuse, and engagement in casual sex (Weaver, Flannelly, Flannelly, Koenig, & Larson, 1998). Furthermore, children who have a sense of meaning in life and social support from religious institutions have better responses to trauma than do children who have no such support (Garbarino, 1999). Meaningfulness is one of the critical factors that predict success in life in the face of adversity (Frankl, 1963).

Garbarino (1999) used a spiritual perspective to study violent young boys. He suggested that understanding violent boys requires that one recognize the sacred self as the foundation for understanding human development. To comprehend how an innocent baby develops into a young killer requires insight into how a soul is deeply wounded. Violent outcomes can result when a child is abandoned, rejected, neglected, and abused rather than connected, accepted, and nurtured. Without psychological and spiritual help that gives children a sense of purpose and meaning in life, children who experience the insult of abandonment can grow into adults who use violence to divert attention from their pain and sadness and take revenge on the world and themselves.

Self-Direction

The life task of self-direction includes 12 subtasks, as noted previously. These tasks are the means by which individuals regulate themselves and provide a basis for intentional behaviors to meet the remaining life tasks successfully. Each of these tasks has been linked in research to healthy behaviors across the life span, and many have been studied in relation to violent behavior. For example, sense of worth addresses one's self-concept or the feeling that one is worthwhile. Van Welzenis (1997) determined that self-concept is different for boys who are delinquent and boys who are not delinquent, with nondelinquent boys reporting a more positive sense of esteem in the area of school achievement. Sense of control refers to a sense of self-efficacy and the belief that one is in control of one's life and can cope with whatever happens. Locus of control appears to be associated with resilience to violence (APA, 1999). Resilient children are able to resist personal, social, and contextual pressures that contribute to violent outcomes in children who lack this trait (Werner, 1989; Werner & Smith, 1982).

Emotional awareness and coping refer to the ability to experience a full range of both positive and negative emotions and to express one's emotions appropriately (Myers et al., 2000). Violence has been linked to excessive anger and lack of effective anger management skills (APA, 1999; Beland, 1996; Wolfe et al., 1997). Intellectual stimulation, problem solving, and creativity refer to having a sense of curiosity about life and a desire to learn new things as well as to develop effective skills to solve problems and challenges of life (Witmer & Sweeney, 1992). As noted earlier, individuals who lack effective

problem-solving skills may resort to violence in an attempt to have their needs met. Also, stress management (i.e., the ability to recognize and respond to stress in an effective manner) is often difficult for persons who have been raised in environments in which violence is viewed as an acceptable response to stress (APA, 1999).

Work/School

Adler viewed work as one of the major life tasks required for a successful existence (see Sweeney, 1998). For young people, success in schoolwork is required for the positive resolution of this life task. At the same time, use of leisure, or nonworking time, complements this life task and is an integral component of it. The results of numerous studies have shown that adolescents who fail to achieve at school are at risk for violent behaviors (Hawkins et al., 2000; Hazler, Hoover, & Oliver, 1991; Shearin-Karres, 2000). In addition, adolescents who use their leisure time in volunteer activities or service to others experience greater well-being through their expression of social interest (Ansbacher & Ansbacher, 1956; Sweeney, 1998). The life task of work/school/leisure, thus, addresses an adolescent's development as a productive individual and as a person who is able to find balance in life activities. Resilient adolescents have the ability to find refuge and a sense of self-esteem in hobbies and creative pursuits, useful work, and assigned chores (APA, 1999; Sankey & Huon, 1999). Alternately, adolescents who experience difficulties in work and leisure may be more likely to engage in violent behaviors (Hawkins et al., 2000; Hazler et al., 1991; Shearin-Karres, 2000; Van Welzenis, 1997).

Friendship

Friendship refers to social relationships with others, or social support, and is a major component of healthy functioning over the life span (Myers et al., 2000). For adolescents, good peer relationships are associated with both resiliency to violence and decreased violent behaviors (APA, 1999; Jackson, Born, & Jacob, 1997; Sankey & Huon, 1999; Selman et al., 1992). Addressing friendship through the teaching of social skills has been shown to help both isolated and aggressive persons achieve healthier behaviors and serves the function of engaging children in activities (e.g., school) that are sometimes perceived as boring (Bender & Losel, 1997; Buysse, 1997; Pawlby, Mills, Taylor, & Quinton, 1997).

Selman et al. (1992) found that pairing at-risk youths with friends works as an intervention for early adolescents who lack healthy relationships at home or in their neighborhood. Pairing provides the adolescent with an opportunity for healthy models of socially mature behaviors. Adolescents who are alienated by their healthier peers are at risk for association with delinquent peers and subsequent delinquent behaviors.

Although friendship is vitally important during the teenage years, it is a fact that the family is the most influential factor in determining the values of adolescents. Several characteristics of healthy families, identified through research, are included in the life task of love (Sweeney & Witmer, 1991); these characteristics are also evident in close or intimate relationships with others who are concerned about one's positive growth and well-being (Myers et al., 2000). Sankey and Huon (1999) demonstrated a connection between delinquency and parenting style. Parents who are controlling and unaffectionate have children who commit more delinquent acts, and children who perceive less parental support are more at risk for committing violent acts.

In a longitudinal study of high-risk children in Hawaii, Werner and Smith (1982) found that children who had supportive relationships became successful adults who worked well, loved well, and lived well. The lives of the at-risk children that Werner and Smith studied were characterized by poverty, violence, delinquent acts, and poor relationships. They also found that resilient children who did not have supportive relationships in their home were clever at recruiting supportive adults from the community (Werner & Smith, 1982), suggesting the importance of adults who are not family members in the lives of children. Studies conducted after Werner and Smith's research have consistently revealed that children who are resilient to violence have a trusting bond with a nurturing adult outside the family, great empathy and support from the mother or mother figure, and positive role models that display more positive than negative behaviors (APA, 1999).

Interaction of Life Tasks

Myers et al. (2000) noted the importance of the interaction among the life tasks in the Wheel of Wellness. Change in any one area affects and causes change in other areas, and such changes can have either a positive or negative influence on a person's life. Persons who choose healthy behaviors may be expected to experience wellness in multiple areas, just as those who have unhealthy behaviors in one area may experience a lack of wellness in multiple areas. When applied to violent behaviors, the results of multiple studies revealed that resilient children had positive self-esteem and self-efficacy, supportive relationships, a sense of hope about the future, belief in themselves, strong social skills, good peer relationships, the ability to find refuge, and a sense that they were in control of their lives and could cope with whatever happened (APA, 1999; Bender & Losel, 1997; Born, Chevalier, & Humblet, 1997; Pawlby et al., 1997; Werner & Smith, 1982).

Garbarino (1999) provided further support for this concept in relation to violence among adolescent boys. In his book, *Lost Boys*, Garbarino reported on his work with dozens of incarcerated youths. He discovered that for many of these boys, rejection by parents, friends, and kin at an early age caused

hurt that often expressed itself as violence many years later. Garbarino stated, "Nothing seems to threaten the human spirit more than rejection, brutalization, and lack of love. Nothing—not physical deformity, not debilitating illness, not financial ruin, not academic failure—can equal insults to the soul" (p. 132).

Social Context

Finally, the wellness model addresses the adolescent in context. Bronfenbrenner (1979) also noted that a complete understanding of an individual's behavior must involve the context in which he or she interacts. Today, societal influences include easy access to weapons, drug and alcohol abuse, and the glorification of violence by the media. However, not all children become violent in response to these contextual influences, and some achieve and maintain a high level of wellness into adulthood.

Children become resilient to violence when they live in families in which the negative effects of society are filtered. Conversely, for youths who observe violence used in their families as a means for solving problems, their social experiences directly influence their social network, resulting in at-risk youths pairing with other at-risk youths (Wolfe et al., 1997). For example, research has shown that children who live in dangerous, drug-ridden neighborhoods are at an increased risk of engaging in violent behaviors (Anderman & Kimweli, 1997; Morrison et al., 1994).

Studies of the social context of children and the relationship between violence and wellness have recently been incorporated into studies of wellness in children. A cross-cultural study of middle school children in Israel and the United States emphasized the importance of including concerns for personal safety in understanding the context in which children today live. Furthermore, a study of the role and experience of safety issues with middle school adolescents indicated the need to include safety and freedom from violence in any consideration of adolescent wellness (Makinson & Tatar, 1999).

USING A WELLNESS MODEL FOR VIOLENCE PREVENTION

It is clear that violence among adolescents is a pervasive problem, one with many causes and one that requires a multifaceted solution. Approaching the problem of violence from a holistic wellness perspective provides professionals who work with adolescents a theoretically based model for addressing this problem. The Wheel of Wellness provides both a foundation for further understanding this multifaceted problem and a model for violence prevention program design.

Programs that focus on the prevention of adolescent violence must address each child in relation to his or her own unique individual, environmental, social, and political environment (Rosenberg, 1999). Incorporating the Wheel of Wellness model in its entirety ensures that each of the factors that lead to adolescent violent outcomes is addressed. To address those factors, wellness

interventions from each of the five life tasks as well as from the larger contextual environment provide the holistic approach necessary to guarantee effective programs.

For professionals who must develop effective violence prevention programs, the Wheel of Wellness provides a sound theoretical model. Programs that use a wellness perspective can effectively address issues that are most salient to youths who are at increased risk for violent behaviors. The wellness paradigm allows for incorporating counseling interventions that are tailored to meet the needs of the population served by the program. In addition, the model is broad enough to allow room for the incorporation of future strength-based interventions, provided they are backed by empirical research that demonstrates the efficacy of the approach to the population receiving services. Incorporation of holistic, strength-based, theoretically sound counseling techniques can aid counselors who work with adolescents, in general, and specifically can aid counselors who work with adolescents who are at risk for violent behaviors.

IMPLICATIONS FOR COUNSELORS

Violence is a problem that counselors must deal with when working with adolescents in nearly every setting. Counselors are in a unique position to help children and adolescents who are at risk for violence. By understanding the problem from a wellness perspective, counselors can use strength-based approaches to the prevention of violence, and they can develop effective treatments for existing problems. Interventions that address each of the life tasks faced by adolescents and take into account the child's environmental context can help children find alternatives to violent behaviors.

Using the wellness model as a guide provides a tool for counselors to evaluate the critical factors that lead to violence in each of the five life tasks while considering the larger context of the child. A wellness paradigm ensures that counselors consider the many factors that interact to increase the risk of youths committing violent acts. Counselors who know the risk factors that lead to violence and understand that these factors accumulate and interact to increase risk are in a position to identify and correct problems early so that violent outcomes are circumvented.

The wellness paradigm assumes that drawing on the strengths of individuals rather than treating deficits is the most effective method of resolving problems (Garbarino, 1999; Myers et al., 2000). Furthermore, a holistic, wellness paradigm can be used in all aspects of professional counseling. Counselors can incorporate the Wheel of Wellness model in such diverse roles as program planners, family and individual therapists, group facilitators, educators, and client advocates. As violence prevention program planners, counselors are in the unique position to ensure that programs encompass theoretically sound interventions and preventative measures in all areas of the wellness model so that the problem is addressed in its entirety. When counseling individu-

als and families, counselors who understand the problem of violence from a holistic approach can provide interventions that address the systemic nature of adolescent behaviors rather than focusing entirely on the individual. As group facilitators, counselors can encourage young clients to address violence from a holistic and contextual perspective that facilitates new insights and that empowers clients to change their behaviors and to influence others to change in a positive manner as well. Finally, as educators and client advocates, professional counselors are in a position to influence change in the community at large.

Counselors are in a unique position to help solve the problem of adolescent violence. However, additional research is needed to identify the best way to incorporate wellness strategies in violence prevention programs. Short-term as well as long-term indicators of success are required as a first step. Therefore, counselors are encouraged both to work with administrators and policy makers to develop wellness-oriented programs that incorporate holistic strategies designed to prevent violent behaviors and to monitor the outcomes of these programs.

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The future starts today, not tomorrow.

—Pope John Paul II

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